Our Mission
Community Healthcare Network (CHN) is a not-for-profit organization that provides access to quality, culturally competent and comprehensive community-based primary care, mental health care and social services for diverse populations in underserved communities throughout New York City.

Our Care
CHN offers a broad selection of services and programs for people of all ages. Our community health centers, offices, and mobile unit are located in the boroughs of Bronx, Brooklyn, Manhattan and Queens. CHN serves more than 70,000 individuals a year.

Our Vision
CHN envisions a time when all people, regardless of their ethnicity, finances, beliefs and citizenship will be provided basic health care throughout their lifespan. We strive to be a leader in providing high-quality, innovative, sustainable and accessible health care that promotes the wellbeing of the entire community.

Locations
• Williamsburg Brooklyn, East New York, Jamaica Queens, Manhattan (Harlem and Chinatown),
• 4 FTE dentists and 1 FTE hygienist.
• EHR = eCW (eClinical Works version 9.0.35) and EDR = Open Dental version 11.1.9.0
Objectives

1. Participants will learn how an organization revised the dental work flow to promote patient-centered health care.

2. Participants will learn how ancillary dental staff can be utilized to improve efficiency during the dental encounter allowing more treatment time for the provider-patient interaction.

3. Participants will learn how dental visit process can be utilized to enhance coordination of care between medical and dental needs.
Efficient workflow implementation enables providers to have the complete and accurate information they need to provide the best possible care efficiently. Providers will know more about their patient's health history before they walk into the treatment room because the dental assistant is documenting the patient’s medical and dental history beforehand. The dentist is simply verifying it.
Patient data obtained by the dental assistant includes:

A) "Smoking Status"
B) "Alcohol Screening" (via AUDIT-C Smart Form using CDSS tab on right hand column)
C) "Initial Learning Assessments"
D) "Education" (Choose appropriate OS (Order Set) and associate with Dental Assessment Codes. Choose handout and open to PDF and print).
E) “Chief Complaint”
F) “HPI”
G) “Current Medications”
H) “Medical History”
H) “Allergies”
I) “Surgical History”
J) “Hospitalization”
K) “Vitals”

This information is essential to provide continuity in tracking key clinical conditions to support patient centered health care and engage patients and their families in their health care.
Steps to Enter a Drug/Medication Allergy:

1) Click the Browse RX button –

When the window opens click on MedispanRX and in the Find field begin typing the name of the medication. In this example, if the patient is allergic to Penicillin click Penicillin V Potassium – it will highlight it yellow and move it to the Selected Rx field. Click the OK button.
Creating efficient Work Flow will lead to meeting “Meaningful Use” requirements, increased productivity, and enhancing dental team knowledge of patient needs as per Patient Centered Medical/Health Home”.

Dental assistants are standardizing documentation via Templates, Order Sets and Smart Forms, allowing dental providers to spend more time treating patients.
• By revising the current Work Flow, we create an ease of access to the data needed by providers to diagnose and improve the health of their patients and meet standards set by national organizations for patient centered home recognition.

• It is also valuable for it will lead to better patient-controlled data. The information will ultimately be shared among doctors' offices, hospitals, and across health systems through RHIOs, (regional health information organizations), leading to better coordination of care.
Once the information is obtained, the patient visit status is changed to “DENT” on the schedule to inform the dental provider that the patient is ready to be seen. The workflow continues as following:

• Dental assistants will transcribe in the standardized EDR Chart Module as the dental provider performs the exam, eliminating time dentists would need documenting the Treatment Plan themselves. The dentists can view the documentation simultaneously on the overhead monitor as they are speaking to the assistant. This will allow for quicker office visits and increased productivity.
• Dental assistants will enter the necessary information in the Time Out and Consent and Exam Sheets e.g. Periodontal Charting, Denture/Crown, satisfaction Forms which the provider will review and sign along with the patient electronically. This is conducted via an electronic Topaz pad eliminating time spent printing documents and the need to scan the documents into the medical record. Because of this as well, the dental provider requires less time to document in the chart.

• Patient-specific pop-ups can be created in the EDR, alerting dental staff to conditions requiring premedication and/or additional attention such as latex allergy.

• Once the visit documentation has been completed in Dental Module, the dental assistant returns to the progress note in the EHR and confirms the provider has entered Visit Code, Follow-Up, Reason, and that procedure codes have transferred from the dental module. If anything is missing, the dental provider is notified.
Medical History:
- Date taken/updated 2010.03.10
- ulcers x 15 years

Allergies/Intolerance:
- Penicillin V Potassium - shortness of breath
- shell fish - hives

Surgical History:
- hernia repair 9/2005

Hospitalization:
- pneumonia 2/2006
- hernia repair 9/2005

Family History:

Social History:
Any additional notes can be added here and will show on the progress note.

Dental History: Date Hx Taken/Updated

ROS:

Workflow and Its Uses/Advantages:

- Diagnostic Codes (V72.2 vs other Assessment Codes)
- Referrals
- Billing
Enhanced coordination of care between medical and dental needs:

• Creating templates will facilitate and expedite the merging of diagnostic codes. Dental providers can then have access to all patient data, and can run reports to help not only treat patients better but also compare the outcomes of patients ("Quantitative" and "Qualitative" analysis) Ultimately have better outcomes for the treatment of the individual.
### Billing (test, jennifer - 09/27/2011 12:00 PM, MH-Screen)

#### Assessments

<table>
<thead>
<tr>
<th>P</th>
<th>CODE</th>
<th>Diagnosis</th>
<th>Specify</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>521.02</td>
<td>DENTAL CARIES - DE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Procedure Codes

<table>
<thead>
<tr>
<th>CPT</th>
<th>Name</th>
<th>Units</th>
<th>M1</th>
<th>M2</th>
<th>M3</th>
<th>M4</th>
<th>ICD1</th>
<th>ICD2</th>
<th>ICD3</th>
<th>ICD4</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2391</td>
<td>Resin Based Compo 1.00</td>
<td>1</td>
<td>521.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Billing Notes

Tooth #2 (O) composite

Follow Up Reason:

- #11 (ML) composite

#### Visit Codes

- Procedure Codes:
  - D2391 Resin Based Composite-1 Surface, Posterior.
How revision of dental work flow can promote patient-centered health care

• Properly documenting diagnostic codes during work flow will aid in grouping and identifying diseases, disorders, signs and symptoms, and is also necessary when billing to receive reimbursement for dental visits and procedures.

• Diagnostic codes have become a means to track and measure dental disease prevalence, incidence and quality of care. We are even able to provide QI assessments based on the diagnostic coding.
Referrals

• We used our integrated health electronic medical and dental records systems to identify and alert medical providers about special populations (Pre-Natal), Diabetes, ID) that need a dental referral. This consists of a clinical pop-up global alert which will notify providers/nurses to refer patients to dental services
Implementation Story

- Key implementation team members: Dental Director (Dr. Taddeo), IT and Informatics department and “Senior Team” (CEO, CMO, CFO).

- Training involved piloting CHN’s Brooklyn clinic for two weeks with eCW and creating “Dental Templates” and “Order Sets” (as education for screening questions) for the dentists to use for the next 2.5 years until we adopted the EDR “Open Dental” where we again piloted the same clinic and created templates (Autonotes) and then trained the staff on the dental software, Open Dental, and its integration with our EMR eCW.
Future State

- Meet state, federal, and external organizations regulatory and accreditation requirements e.g. HIVQUAL Compliance.

- Meaningful Use:

- Diagnostic code data can be useful in identifying special needs patients (Pre-Natal, Diabetes, ID) and get them routine dental care via data analysis. Here we are providing a link between providers and public health authorities to address disease and its prevention.
Challenges

• Education and training is time consuming and costly with marginal room for error and modifications.

• System/Software Updates and the “Glitches” that come along with them.

• Recording proper patient data: Patient’s not remembering health information i.e. Medications and their doses (“Paper Bag Method”)
Lessons Learned

Auto Notes/Templates/Order Sets

- These are pre-made notes that increase efficiency so the user does not have to keep typing in the same information each time.
- Templates containing the correct diagnostic codes will allow for data analysis of number of treated patients, patients requiring treatments, and types of procedures/treatments provided for all patients including special needs patients (ID, Prenatal, Diabetes).
- Increase productivity and increase efficiency with the goal of increased available time for patient care vs documentation. This will lead to an increase in patient volume.
Helpful Reminders to integrate dental work flow to promote patient-centered health care.

- Daily Morning Huddle
- Monthly Provider Meeting
- Monthly Clinic Meeting
Recommendations

• Identify ways to utilize ancillary staff to improve efficiency during the dental encounter allowing more treatment time for the provider-patient interaction.

• Decrease time spent on chart management via electronic templates, auto notes, order sets, coding & billing.

• Integrating EMR/EDR will enhance coordination of care between medical and dental needs and promote patient-centered health care.